## **Application Data Sheet**

## **Application Information**

Application number::

Filing Date:: 06/30/03

Application Type:: Continuation-in-part

Subject Matter:: Utility

Title:: METHODS AND APPARATUS FOR FORMING

**ANASTOMOTIC SITES** 

Attorney Docket Number:: 021857-000110US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 9

Total Drawing Sheets:: 22

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: AARON

Middle Name:: V.

Family Name:: KAPLAN

Name Suffix:: M.D.

City of Residence:: Norwich

State or Province of Residence:: VT

Country of Residence:: US

Street of Mailing Address:: 225 Douglas Road

City of Mailing Address:: Norwich

State or Province of mailing address:: VT

Country of mailing address:: US

Postal or Zip Code of mailing address:: 05055

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: JORDAN

Middle Name:: T.

Family Name:: BAJOR

City of Residence:: Palo Alto

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1183 Lincoln Avenue

City of Mailing Address:: Palo Alto

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94301

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: JAMES

Middle Name:: I.

Family Name:: FANN

City of Residence:: Portola Valley

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 65 Prado Court

City of Mailing Address:: Portola Valley

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94028

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: CHRISTOPHER

Middle Name:: S.

Family Name:: JONES

City of Residence:: Menlo Park

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 3727 Alameda de las Pulgas

City of Mailing Address:: Menlo Park

State or Province of mailing address:: CA
Country of mailing address:: US

Postal or Zip Code of mailing address:: 94025

**Correspondence Information** 

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

**Domestic Priority Information** 

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This Application Continuation of 09/595,746 06/16/00